

620 West Washington, Phoenix, Arizona 85003-2187
Employment Services Bureau

Position Applied For

Official Use Only

Background Investigator: _____ Date Questionnaire Reviewed: _____

APPLICANT QUESTIONNAIRE

This questionnaire will be used for reference by those who will be considering you for employment with the Phoenix Police Department. Fill it out **COMPLETELY** and **ACCURATELY**!

An extensive background investigation will be conducted into your personal history.

Any **FALSE**, **MISLEADING** or **INCOMPLETE** information *will be grounds to disqualify you from employment with the Phoenix Police Department.*

I have read and fully understand the above _____
Signature Date

FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK INK. COMPLETE THIS FORM IN YOUR OWN PRINTING.
2. PRINT LEGIBLY.
3. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED **COMPLETELY** AND **ACCURATELY**. IF ADDITIONAL SPACE IS NEEDED, USE THE SUPPLEMENTAL PAGES. YOU MAY WISH TO MAKE EXTRA COPIES OF THE SUPPLEMENTAL PAGE PRIOR TO COMPLETING THIS DOCUMENT.
4. READ EACH QUESTION CAREFULLY.
5. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE N/A IN THIS SPACE.
6. THIS QUESTIONNAIRE WILL NOT BE PROCESSED WITHOUT ALL APPLICABLE ZIP CODES AND AREA CODES PROVIDED.

A. PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME		HOME PHONE		BUSINESS PHONE	
CURRENT ADDRESS		STREET & NUMBER		CITY		STATE		ZIP CODE	
SOCIAL SECURITY NUMBER		AGE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	PLACE OF BIRTH	
LIST ANY OTHER NAMES YOU HAVE EVER USED AND DATES USED.									
LAST NAME		FIRST NAME		MIDDLE NAME		MONTH/YEAR		TO	MONTH/YEAR

B. RESIDENTIAL ADDRESSESStarting with your *present* address, list all addresses you have lived at for the past ten (10) years. Include your addresses in the military service. **OMIT NONE!**

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					

Do you have any acquaintances/relatives who have been or currently are employed by the Phoenix Police Department?

☐

Yes

☐

No

If yes list by name:

C. PERSONS LIVED WITH

Excluding family members, list all persons you have lived with during the past five years: (Use supplemental pages if necessary)

NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	HOME PHONE #	RELATIONSHIP

D. FAMILY REFERENCES

Family References: (List all immediate relatives, ie. parents, siblings, spouse, ex-spouse, and all children. (Use supplemental pages if necessary)

NAME	RELATIONSHIP	AGE	STREET ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE #
					()
					()
					()
					()
					()
					()
					()
					()
					()

E. EDUCATION

HIGH SCHOOL ATTENDED:

GRADUATION DATE:

COLLEGE/UNIVERSITIES ATTENDED:

DEGREE ACHIEVED:

TECH SCHOOLS

CERTIFICATES & BOARDS

List any special skills or training received: _____

F. EMPLOYMENT HISTORY

A. Have you ever been dismissed or asked to resign from any employment ? ☐ Yes ☐ No - If yes, explain on the supplemental page.

B. List any infraction/s of rules or regulations at past jobs for which you were disciplined: (If additional space is needed use the supplemental page.)

C. Are you eligible for rehire at your past or present employer/s? ☐ Yes ☐ No - If no, explain on reverse side.

G. PAST EMPLOYMENT

Beginning with today's date, list all of the places you have worked. In proper order (most recent to least recent) list all employers, schools attended, and military assignments. Include all periods of unemployment. List everything for the last twenty (20) years. Keep in proper sequence. **OMIT NOTHING!** Missing or inaccurate information will delay your process. Do not guess, be accurate!

Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed Last	Address City State Zip	Phone Number ()		
First M.I.	Address for Personnel Records City State Zip	Phone Number ()		

Describe your duties: _____

Reason for leaving (be very specific): _____

Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed Last	Address City State Zip	Phone Number ()		
First M.I.	Address for Personnel Records City State Zip	Phone Number ()		

Describe your duties: _____

Reason for leaving (be very specific): _____

Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed Last	Address City State Zip	Phone Number ()		
First M.I.	Address for Personnel Records City State Zip	Phone Number ()		

Describe your duties: _____

Reason for leaving (be very specific): _____

Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed	Address	City	State	Zip
Last	Phone Number ()			
First	M.I.	Address for Personnel Records	City	State Zip
Phone Number ()				
Describe your duties: _____				
Reason for leaving (be very specific): _____				
Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed	Address	City	State	Zip
Last	Phone Number ()			
First	M.I.	Address for Personnel Records	City	State Zip
Phone Number ()				
Describe your duties: _____				
Reason for leaving (be very specific): _____				
Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed	Address	City	State	Zip
Last	Phone Number ()			
First	M.I.	Address for Personnel Records	City	State Zip
Phone Number ()				
Describe your duties: _____				
Reason for leaving (be very specific): _____				
Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed	Address	City	State	Zip
Last	Phone Number ()			
First	M.I.	Address for Personnel Records	City	State Zip
Phone Number ()				
Describe your duties: _____				
Reason for leaving (be very specific): _____				

Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed	Address	City	State	Zip
Last	Phone Number ()			
First	M.I.	Address for Personnel Records	City	State Zip
Phone Number ()				
Describe your duties: _____				
Reason for leaving (be very specific): _____				

Dates of Employment (Mo & Yr)	Name of Employer:	Job Title	Supervisor	Salary
Name when employed	Address	City	State	Zip
Last	Phone Number ()			
First	M.I.	Address for Personnel Records	City	State Zip
Phone Number ()				
Describe your duties: _____				
Reason for leaving (be very specific): _____				

H. TRAINING

Have you ever received any law enforcement training? ☐ Yes ☐ No

WHEN

WHERE

Type of training received: _____

I. COURT/POLICE CONTACTS

If the answer to any of the following questions is yes, write the details on the supplemental page:

- a. Have the police ever been called to your home for any reason other than as a victim?
- YES NO
- ☐ ☐
- b. Have you ever been sued or summoned into court?
- ☐ ☐

- c. Have you ever received a settlement in payment for damages, injury, libel, etc. either with or without court action?
- YES NO
- ☐ ☐

J.**ARREST HISTORY**

Have you ever, as an adult or juvenile, been arrested, charged, detained, or summoned for any offense or alleged violation of any statute ordinance, law, or regulation by any city police department, county sheriff, county or district attorney, state police, attorney general, federal agency, or any law enforcement or investigative unit?

☐ Yes

☐ No

If you have, please provide the following information.

DATE	CHARGE	NAME OF AGENCY	ADDRESS OF AGENCY	FINAL DISPOSITION

Have you been convicted of any crime? ☐ Yes ☐ No If yes, please explain in detail: _____

K.**CITATIONS**

List *all* driving citations or summons you have received as an adult *or* juvenile, beginning with the most recent:

Month/Year	Type of Citation	Citing Agency's Name	Final Disposition (i.e. paid fine, went to school, etc.)

L.**DRIVING HISTORY**

A. List all driver's or chauffer's licenses you hold now, or have previously held. Indicate if you have ever had your license revoked or suspended.

STATE TYPE OF LICENSE EXPIRATION DATE LICENSE # REVOKED OR SUSPENDED

B. Have you ever been to a driver improvement school? Yes No When? Where?

C. Do you have public liability and property damage insurance on vehicles owned by you? ☐ Yes ☐ No

D. Have you ever had your vehicle insurance cancelled? ☐ Yes ☐ No

-If *yes*, explain: _____

M. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCESHave you **ever** used, tried, experimented, or in **any way** ingested into your body:

	No	Yes	Date First Used	Date Last Used	Approx # of Times Used	Avg Frequency of Use
1. Marijuana						
2. Hashish/hash oil						
3. Cocaine						
4. Barbiturates or other "downers"						
5. Amphetamines (crosstops, whites, bennies, uppers)						
6. Methamphetamine (speed/crank)						
7. Crack-Ice-Glass						
8. LSD, Ecstasy, or other hallucinogen (including mushrooms)						
9. PCP (Angel dust/Sherm)						
10. Heroin						
11. Steroids						
12. Used a pharmaceutical drug prescribed for another person						
13. Name any other illegal drug, narcotic, or controlled substance not listed above that you have ingested:						
14. Have you or anyone else ever injected an illegal drug into your body?						
15. Have you ever injected an illegal drug into anyone else's body?						
16. Have you ever sold any illegal drug? If so, what drug?						
17. Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?						
18. Have you ever participated in the manufacture, cultivation, or production of any drug, narcotic, or controlled substance?						
19. Have you ever acted as a middleman, go-between, or "done a favor for a friend" by becoming involved in an illegal drug transaction?						
20. Have you ever acted as a courier by transporting any drug, narcotic, or controlled substance for other than legitimate purposes?						
21. Have you ever told anyone else where to purchase drugs?						
22. Have you ever "held" or temporarily stored any drug, narcotic, or controlled substance for yourself or anyone else?						
23. Are any illegal drugs presently in your home, car, or on your person?						
24. Have you ever used any homemade drug or combination of homemade drugs?						
25. Do you drink alcoholic beverages?			How often?			
26. If you have answered "yes," to any of the items numbered 1-25, write an explanation on the supplemental page.						

N. REFERENCES				
List three (3) references (not relatives or employers) who are responsible adults who know you well (i.e. current friends, co-workers). Please let them know you have listed them as a reference.				
NAME		ADDRESS	HOME PHONE ()	DAYTIME PHONE ()
YEARS KNOWN	OCCUPATION	CITY	STATE	ZIP CODE
NAME		ADDRESS	HOME PHONE ()	DAYTIME PHONE ()
YEARS KNOWN	OCCUPATION	CITY	STATE	ZIP CODE
NAME		ADDRESS	HOME PHONE ()	DAYTIME PHONE ()
YEARS KNOWN	OCCUPATION	CITY	STATE	ZIP CODE

O. MILITARY RECORD		
Branch of Service:	Date Entered:	Date Separated:
Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "NO" give type of separation:	
Are you a member of a U.S. RESERVE unit or the NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		

P. ORGANIZATION MEMBERSHIP	
Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or the State of Arizona which seeks to alter the form of government of the United States, or the State of Arizona, by any unlawful or unconstitutional means?	
<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes , explain on reverse.	
Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character, traits, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence. If "YES," provide full explanation below.	
<hr/> <hr/> <hr/> <hr/>	

Q. FINANCIAL	
Have you ever been served with a delinquency notice or served with a garnishment regarding any of your financial obligations within the last five years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain: (If additional space is needed, use the supplemental page)	
<hr/> <hr/> <hr/> <hr/>	
If a credit check is run on your past credit history, will any negative information be revealed? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes , explain:	
<hr/> <hr/> <hr/> <hr/>	

R. CERTIFICATION

I hereby certify under penalty of A.R.S. 13-2704, that the entries on this statement are true; complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand a knowing and willful false statement on this form constitutes a violation of the law.

SIGNATURE OF APPLICANT: _____ DATE: _____

S. AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus to furnish the Police Chief, City of Phoenix, Arizona, with any and all available information in order that he may determine my suitability for police work.

I authorize the Phoenix Police Department to make inquiry of my present and past employers regarding my character, integrity, and reputation. Exception, if any:

EXCEPTION: (Make note if you do not want your present employer contacted, and why).

Signed: _____ Date: _____

Your background investigation touches on many aspects of your life. This portion of the questionnaire is provided for you to explain any area of your past (an event, situation, or something unique to you etc.) that could have significance to you specifically pertaining to your investigation. You are encouraged to use this space.

[illegible]

IMPORTANT

PLEASE PROVIDE THE FOLLOWING DOCUMENTS/ ITEMS, THAT APPLY, WHEN RETURNING OUR QUESTIONNAIRE:

- O BIRTH CERTIFICATE
- O DD-214, MILITARY DISCHARGE
- O MARRIAGE LICENSE
- O DIVORCE CERTIFICATE
- O PROOF OF AUTO INSURANCE
- O SOCIAL SECURITY CARD
- O DRIVER'S LICENSE
- O BANKRUPTCY DISCHARGE
- O TWO VENDING MACHINE/PASSPORT TYPE (2" X 2") COLOR PHOTOGRAPHS

BRING THE ORIGINALS AND ONE COPY OF THE LISTED DOCUMENTS THAT APPLY TO YOU. BRING A COPY OF EACH DOCUMENT. THE ORIGINALS WILL BE EXAMINED AND RETURNED TO YOU. PLEASE COPY THE DRIVER'S LICENSE AND SOCIAL SECURITY CARD AS A SEPARATE (INDIVIDUAL) COPY.